IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirm. No.	:	7491
Appl. No.	:	09/870,388
Applicant	:	Evertsz, Carl J.
Filed	:	5/29/2001
Art Unit	:	3626
Examiner	:	Tomaszewski
Title	:	Method and System for In-Service Monitoring and Training for a Radiologic Workstation
Docket No.	:	739-X01-004
Customer No.	:	27317

Mail Stop Appeal Brief-Patents
Hon. Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

BRIEF ON APPEAL

This Brief on Appeal is made in Response to the Examiner's action dated February 6, 2007, and following the Notice of Appeal filed on June 1, 2007.

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PROCEDURAL POSTURE:

This is an appeal from the final rejection in the Office action dated February 6, 2007, finally rejecting claims 24-43.

A payment in the amount of $250 is attached to cover the small-entity fee for filing the *Brief on Appeal*.

REAL PARTY IN INTEREST:

The assignee of record, Mevis-Centrum Für Medizinische Diagnosesyteme und Visualisierung GmbH, is the real party of interest in this appeal.

RELATED APPEALS AND INTERFERENCES:

No related appeals or interference proceedings are currently pending that would directly affect or be directly affected by or have a bearing on the Board's decision in this appeal.

STATUS OF CLAIMS:

Claims 24-43 are rejected. Claims 1-23 were canceled. Claims 24-43 are being appealed.

STATUS OF AMENDMENTS:

No claims were amended after the final Office Action.

SUMMARY OF THE CLAIMED SUBJECT MATTER:

In the following discussion of the claimed subject matter, all page, paragraph, and line references refer to the original specification. Numerals in parentheses refer to reference numbers in the specification and drawings.

Claims 24, 31, 39, and 40 are the independent claims pending for this appeal.

Claim 24 describes a computer system (1) for in-service monitoring of a user screening medical cases. The computer system is shown in Fig. 1. The computer system (1) is generally described in the final paragraph on page 2 that continues onto page 3 and described in detail from the second paragraph on page 5 to final paragraph on page 9 of the specification. The computer system (1) includes a case stack (7) of undiagnosed real cases (14) to be reviewed by the user; page 5, third paragraph. A library (i.e. database 16) of known cases is included; *see* page 6, third paragraph. The computer system (1) includes a user interface component (2) for requesting a consecutive case (5); *see* p. 5, ¶ 2. The user interface component (2) displays the consecutive case on the display (19); *see* p. 8, ¶ 2. The user interface (2) includes a keypad (4) for entering a diagnosis of the consecutive case (4); *see* p.8, ¶ 2. A program component (10) receives a request for the consecutive case from the user interface (2); *see* p. 9 ¶ 3-5. The program component (10) selects the consecutive case from the case stack (13) of real cases (14) or the library (16) of known of cases (17) for the display and the diagnosis. A feedback component (20) outputs a message (e.g. "you missed a cancer") to the user if the user diagnosis of a selected known case is incorrect; *see* p. 9, ¶ 5.

Claim 31 is an independent claim and describes a method for in-service monitoring of a user screening medical cases. Figs. 3-4 are flowcharts showing an embodiment of the invention.

The step (43) of providing a case stack of undiagnosed real cases to be reviewed by the user is described the final paragraph of page 12 of the specification. The step (47) of providing a library of known cases is described in the third paragraph on page 13 of the specification. The step 48 of requesting the display of a consecutive case is described in the third paragraph on page 13 of the specification. Steps 41 and 42 describe selecting the consecutive case from the case stack of real cases or the library of know cases for display; *see* last two paragraph on page 12 and second paragraph on page 13. Steps (45) and (48) involve entering a diagnosis of the displayed consecutive case; *see* final paragraph on page 12 and second paragraph on page 13. Step 51 involves providing a feedback to the user if the diagnosis of a selected known case is incorrect; *see* penultimate paragraph on page 13.

Claim 39 is an independent claim that describes a computer program product stored on a computer usable medium. The computer program includes program components for carrying out the following steps when the program is run on the computer. The method being executed is shown in Figs. 3-4. The first step 43 is providing a case stack of undiagnosed real cases to be reviewed by a user; p. 12, ¶ 5. The next step 47 is providing a library of known cases; p. 13, ¶ 3. Step 43 describe requesting the display of a consecutive case; p.12, ¶ 5. Step 47 involves selecting the consecutive case from the case stack of real cases or the library of know cases; p. 13, ¶ 3. Step 48 includes entering a diagnosis of the displayed consecutive case; p. 13, ¶ 3. Step 51 involves providing feedback to the user if the diagnosis of a selected known case is incorrect; p.13, ¶ 4.

Claim 40 is an independent claim describing a computer system for in-service monitoring of a user screening medical cases. The computer system 1 is shown in Fig. 1. A case stack (16) of undiagnosed real cases (17) to be reviewed by the user is described on p. 6, ¶ 3. A library (13)

of known cases (14) having verified diagnoses is described on p. 5, ¶5, through p.6 ¶1. A user interface (2) component (5) for requesting a consecutive case (8) is described on p. 4, ¶2. The user interface (2) includes a device for displaying the consecutive case (19, 20), and for entering a diagnosis (2, 21) of the consecutive case: p.8, ¶2. A program component (10) receives a request for the consecutive case (8) from the user interface (2) to be displayed and diagnosed: p. 9, ¶ 3-4. The program component (10) selects the consecutive case (8) from the case stack (16) of real cases (17) or the library (13) of known cases (14): p. 5, ¶3, through p.7. A feedback component (20) outputs a message to the user when a threshold of the known cases (14) have been misdiagnosed per a given number of the real cases (17) preceding the misdiagnosis: p. 9, ¶ 5, through p. 10, ¶ 2.

Claim 43 further describes the computer system according to claim 40. The system is shown in Fig. 1 and described in the specification at p. 10, ¶ 2. A timer prevents the user from making further diagnoses for a given amount of time after a threshold has been reached.

GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL:

Whether claims 24, 26-29, 31, 34-37, and 39-42 are patentable over Shile '482 in view of Buckley et al. '107 under 35 USC § 103(a).

Whether claims 25 and 32 are patentable over Shile in view of Nishikawa et al. '322 under 35 USC § 103(a).

Whether claims 30, 33, and 38 are patentable over Shile '482 in view of Leiper '002 under 35 USC § 103(a).

Whether claim 43 is patentable over Shile '482 in view of Buckley et al. '107 and Official Notice under 35 USC § 103(a).

ARGUMENTS:

WHETHER CLAIMS 24, 26-29, 31, 34-37, AND 39-42 ARE PATENTABLE OVER SHILE '482 IN VIEW OF BUCKLEY ET AL. '107 UNDER 35 USC § 103(A).

In the final action dated February 6, 2007, the Examiner rejected claims 24, 26-29, 31, 34-37, and 39-42 as being unpatentable over Shile '482 in view of Buckley et al. '107 under 35 USC § 103(a). However, the rejection is improper because the Examiner has failed to make a *prima facie* case of obviousness.

MPEP § 2142 sets the requirements for an Examiner to meet when making a rejection under 35 USC § 103(a). "The examiner bears the initial burden of factually supporting any *prima facie* conclusion of obviousness. If the examiner does not produce a *prima facie* case, the applicant is under no obligation to submit evidence of nonobviousness." "To establish a *prima facie* case of obviousness, three basic criteria must be met." Of the three, Applicant is first addressing the third criteria in this response: "Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations."

The invention described in claim 24 of the instant application describes a method for monitoring a radiologist diagnosing new, undiagnosed cases by infiltrating images with known results into the stack. If the radiologist is fatigued and is no longer paying attention, mistakes made misinterpreting infiltrated known cases indicate to the system that the radiologist needs to rest. Claim 24 describes, *inter alia*, a computer system for in-service monitoring of a user screening medical cases that includes, "A case stack of undiagnosed real cases to be reviewed by the user." Emphasis added by Applicant.

In the Office action, the Examiner mischaracterizes Shile '482, c. 5, ll 60-64, as teaching this element. This passage states the following:

> ... paper or a computer monitor.
>
> The method requires that trainees interpret a set of mammograms so that the data can be collected. For a practicing radiologist or other interpreter, these can be mammograms interpreted in the course of their practice, provided that the data discussed below are collected (see Image...

This passage, by itself, is ambiguous regarding whether the set of mammograms being interpreted are undiagnosed or have been previously diagnosed. However, when this passage is read in light of the entire specification, the passage is given greater meaning--these cases being interpreted have been previously diagnosed. According to Shile '482, c. 3, ll 28-31, "The primary object of the present invention is a training method to improve the accuracy and reduce the variability of anyone who reads and interprets radiologic examinations." Shile '482 teaches to standardize diagnoses by having a radiologist review pre-screened cases. The radiologist is judged by describing the image with the same (i.e. standard) terms as other accredited users. *See* Shile '482, c. 3, ll 11-27.

The detailed description further supports that Shile '482 only uses pre-screened images with known diagnoses. Shile '482, col.6, lines 60-61, states, "[T]his dataset should include only those exams that demonstrate findings." (Emphasis added by Applicant.) Likewise, c. 7, ll 22-23, states, "Only cases with confirmed findings are included in this data set." (Emphasis added by Applicant.)

Therefore, Shile '482 does not teach, "A case stack of undiagnosed real cases to be reviewed by the user," as is described in claim 24 of the instant application.

MPEP § 2141 further states that, "The initial burden is on the examiner to provide some suggestion of the desirability of doing what the inventor has done. 'To support the conclusion that the claimed invention is directed to obvious subject matter, either the references must expressly or impliedly suggest the claimed invention or the examiner must present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in light of the teachings of the references.' *Ex parte Clapp*, 227 USPQ 972, 973 (Bd. Pat. App. & Inter. 1985)."

In the instant application, claim 24 is not obvious because Shile '482 in view of Buckley et al. '107 would not suggest to one with ordinary skill in the art a system detecting a fatigued user by testing the user by comparing results on infiltrated pre-screened cases. Shile '482 teaches a system for practicing to diagnose pre-screened cases so that the radiologist can make standardized diagnoses. In this way, Shile '482 creates a system wherein the same case can have an identical diagnosis even when made by different radiologists. Shile '482 provides no suggestion of how to solve the problem of detecting fatigue in a radiologist diagnosing unknown cases by infiltrating known cases. Furthermore, Buckley et al. '107 merely teaches about the various components for an online medical training (i.e. viewing, testing, etc.) but provides no suggestion of a system for testing a user for fatigue.

Accordingly, Shile '482 in view of Buckley et al. '107 fail to teach or suggest all of the features of claim 24 (namely, "A case stack of undiagnosed real cases to be reviewed by the user;"). Therefore, the Examiner has failed to make a *prima facie* case of obviousness under 35 USC § 103(a). No other reasons exist to reject claim 24. Therefore, claim 24 is patentable. Likewise, claims 25-30, which ultimately depend on claim 24, are patentable as well.

Claim 31 is patentable for the same reasons as claim 24. Namely, the Examiner has failed to make a *prima facie* case of obviousness. Claim 31 is an independent claim. Claim 31 is a method claim having the same features of claim 24. Like claim 24, claim 31 includes, *inter alia*, the feature, "Providing a case stack of undiagnosed real cases to be reviewed by the user." As discussed previously, Shile '482 in view of Buckley et al. '107 does not teach or suggest this feature. Accordingly, the Examiner has not made a *prima facie* rejection of claim 31 under 35 USC § 103(a). Because no other rejections for claim 31 exist, claim 31 is patentable. In addition, claims 32-38, which ultimately depend on claim 31, are patentable for the same reason.

Claim 39 is patentable for the same reasons as claim 31. Namely, the Examiner has failed to make a *prima facie* case of obviousness. Claim 39 is an independent claim. Claim 39 describes a computer program product having the same features of claim 31. Like claim 31, claim 39 includes, *inter alia*, the feature, "Providing a case stack of undiagnosed real cases to be reviewed by the user." As discussed previously, Shile '482 in view of Buckley et al. '107 does not teach or suggest this feature. Accordingly, the Examiner has not made a *prima facie* rejection of claim 39 under 35 USC § 103(a). Because no other rejections for claim 39 exist, claim 39 is patentable.

Claim 40 is patentable for the same reasons as claim 31. Namely, the Examiner has failed to make a *prima facie* case of obviousness. Claim 40 is an independent claim. Claim 40 describes a computer system having the same features of claim 31. Like claim 31, claim 40 includes, *inter alia*, the feature, "Providing a case stack of undiagnosed real cases to be reviewed by the user." As discussed previously, Shile '482 in view of Buckley et al. '107 does not teach or suggest this feature. Accordingly, the Examiner has not made a *prima facie* rejection of claim 40 under 35 USC § 103(a). Because no other rejections for claim 40 exist, claim 40 is

patentable. In addition, claims 41-43, which ultimately depend on claim 40, are patentable for the same reason.

WHETHER CLAIMS 25 AND 32 ARE PATENTABLE OVER SHILE IN VIEW OF NISHIKAWA ET AL. '322 UNDER 35 USC § 103(A).

Claim 25 is patentable because the Examiner's rejection failed to make a *prima facie* rejection of the prior art. In item 5 of the final Office action dated February 6, 2007, the Examiner rejected claim 25 of the instant application as being unpatentable over Shile '482 in view of Nishikawa et al. '322 under 35 USC § 103(a). The rejection was improper because the Examiner failed to make a *prima facie* case of obviousness under 35 USC § 103(a). As discussed, to make a *prima facie* case of obviousness, the Examiner must show that the prior teaches or suggests the claimed combination. As detailed below, the prior art fails to show all of the features of claim 25. Accordingly, claim 25 will be shown to be patentable over Shile '482 in view of Nishikawa et al. '322.

Claim 25 is a dependent claim that depends on claim 24. Therefore, claim 25 includes all of the features described in claim 24. Claim 24 describes, *inter alia*, a computer system for in-service monitoring of a user screening medical cases that includes, "A case stack of undiagnosed real cases to be reviewed by the user." (Emphasis added by Applicant.) For the reasons discussed below, this feature is neither taught nor suggested by Shile '482 or Nishikawa et al. '322.

As discussed previously, Shile '482 does not teach or suggest, "A case stack of undiagnosed real cases to be reviewed by the user."

In addition, Nishikawa does not teach or suggest, "A case stack of undiagnosed real cases to be reviewed by the user." Nishikawa et al. '322 teaches automated methods for detecting, classifying, and displaying abnormal anatomic regions existing in digital medical images. *See generally* c. 4, l. 40, through c. 5, l. 50. Nishikawa et al. '322 does not teach a system for monitoring a radiologist diagnosing previously undiagnosed cases by checking for correct diagnoses of infiltrated known cases. Furthermore, Nishikawa et al. '322 does not suggest a system that can be applied to monitor the fatigue of a radiologist.

In making the rejection in the Office action, the Examiner cited c. 22, ll 20-23, specifically. The Examiner cited this passage as teaching a random number generator. This passage does not teach or suggest to diagnose a set of undiagnosed real cases as described in claim 24 of the instant application.

In light of this analysis, the prior art, Shile '482 in view of Nishikawa et al. '322, fails to teach all of the features of the base claim of claim 25 (i.e. claim 24). Therefore, the prior art fails to form a *prima facie* case of obviousness under 35 USC § 103(a). Because no other grounds for rejecting claim 25 were made, claim 25 is patentable.

Claim 32 was rejected for the same reason as claim 25. Claim 32 is a method claim that is analogous to claim 25. Claim 32 is patentable for the same reasons as claim 25.

WHETHER CLAIMS 30, 33, AND 38 ARE PATENTABLE OVER SHILE '482 IN VIEW OF LEIPER '002 UNDER 35 USC § 103(A).

Claims 30, 33, and 38 are patentable because Shile '482 in view of Leiper '002 fail to form a *prima facie* case of obviousness. In item 6 of the final Office action dated February 6, 2007, the Examiner rejected claims 30, 33, and 38 of the instant application as being

unpatentable over Shile '482 in view of Leiper '002 under 35 USC § 103(a). The rejection was improper because the prior art fails to make a *prima facie* case of obviousness under 35 USC § 103(a). As discussed, to make a *prima facie* case of obviousness, the Examiner must show that the prior teaches or suggests the claimed combination. As detailed below, the prior art fails to show all of the features of claims 30, 33, and 38. Accordingly, claims 30, 33, and 38 will be shown to be patentable over Shile '482 in view of Leiper '002.

Claim 30 is a dependent claim that depends on claim 24. Therefore, claim 30 includes all of the features described in claim 24. Claim 24 describes, *inter alia*, a computer system for in-service monitoring of a user screening medical cases that includes, "A case stack of undiagnosed real cases to be reviewed by the user." (Emphasis added by Applicant.) For the reasons discussed below, this feature is neither taught nor suggested by Shile '482 or Leiper '002.

Claims 33 and 38 are dependent claims that depend on claim 31. Therefore, claims 33 and 38 includes all of the features described in claim 31. Claim 31 describes, *inter alia*, a method for in-service monitoring of a user screening medical cases that includes, "Providing a case stack of undiagnosed real cases to be reviewed by the user." (Emphasis added by Applicant.) For the reasons discussed below, this feature is neither taught nor suggested by Shile '482 or Leiper '002.

As discussed, claims 24 and 31 are analogous product and method claims, respectively, and share the same patentable features.

As discussed previously, Shile '482 does not teach or suggest, "A case stack of undiagnosed real cases to be reviewed by the user;" or, "Providing a case stack of undiagnosed real cases to be reviewed by the user;" as described in claims 24 and 31, respectively.

In addition, Leiper '002 does not teach or suggest the claimed features that are neither taught nor suggested by Shile '482. Leiper teaches a remote control for browsing radiological images during diagnosis. The remote control assists with switching between images and records dictation. Leiper '002 does not teach a system for monitoring a radiologist diagnosing previously undiagnosed cases by checking for correct diagnoses of infiltrated known cases. Furthermore, Leiper '002 does not suggest a system that can be applied to monitor the fatigue of a radiologist.

Because neither Shile '482 nor Leiper '002 teach or suggest a system for monitoring the fatigue of a radiologist reviewing undiagnosed cases by checking infiltrated pre-diagnosed cases, Shile '482 in view of Leper '002 does not form a *prima facie* case of obviousness. Accordingly, claims 30 and 33 and 38 (which depend on claims 24 and 31, respectively) are not obvious under 35 USC § 103(a).

WHETHER CLAIM 43 IS PATENTABLE OVER SHILE '482 IN VIEW OF BUCKLEY ET AL. '107 AND OFFICIAL NOTICE UNDER 35 USC § 103(A).

Claim 43 is patentable because Shile '482 in view of Buckley et al. '107 and Official Notice fail to form a *prima facie* case of obviousness. In item 7 of the final Office action dated February 6, 2007, the Examiner rejected claim 43 of the instant application as being unpatentable over Shile '482 in view of Buckley et al. '107 and Official Notice under 35 USC § 103(a). The rejection was improper because the prior art fails to make a *prima facie* case of obviousness under 35 USC § 103(a). As discussed, to make a *prima facie* case of obviousness, the Examiner must show that the prior teaches or suggests the claimed combination. As detailed below, the

prior art fails to show all of the features of claim 43. Accordingly, claim 43 will be shown to be patentable over Shile '482 in view of Buckley et al. '107 and Official Notice.

Claim 43 is a dependent claim that depends on claim 40. Therefore, claim 43 includes all of the features described in claim 40. Claim 40 describes, *inter alia*, "A computer system for in-service monitoring of a user screening medical cases, comprising: a case stack of undiagnosed real cases to be reviewed by the user." For the reasons discussed below, this feature is neither taught nor suggested by Shile '482 nor Buckley et al. '107.

Claim 43 is further patentable because the fact that was taken by Official Notice was insufficient to complete a *prima facie* rejection under 35 USC § 103(a). In addition, *in arguendo*, even if the Official Notice were sufficient, the facts should not have been taken by Official Notice but rather by citing a reference.

The ground for rejection also included information that was taken by Official Notice. *See* Office Action, February 6, 2007, p. 9, final two paragraphs. The Examiner recognized by Official Notice that, "The technique of terminating a procedure (e.g. training/educational session) for a predetermined amount of time after a threshold (e.g., a number of incorrect responses) has been reached. For example, many training programs incorporate this technique to optimize learning efficiency."

The computer system according to claim 43 is designed to lock out a radiologist who has become to fatigued (as evinced by too many wrong diagnoses of prescreened cases) from making additional diagnoses until at least some resting and recovery time has passed.

The fact that was part of the Official Notice is merely that a test taker can be locked out of a training program when they answer too many questions incorrectly. In such circumstances,

the terminating procedure provides an incentive to answer questions correctly. Furthermore, such a system prevents a person from completing a training program who is unable to demonstrate an understanding of the training program.

The fact being recognized by Official Notice has no suggestion that would cause one with ordinary skill in the art to add a lockout to a radiological diagnosis device to prevent a radiologist from working when their performance falls below a given level as judged by wrongly diagnosing prediagnosed cases.

Accordingly, the fact that is part of the Official Notice along with Shile '482 and Buckley et al. '107 fail to teach all of the features of claim 43. Therefore, the references and Official Notice fail to form a *prima facie* rejection that is required under 35 USC §103(a).

Next, the rejection itself was improper because the Examiner should not have taken Official Notice of facts when the case was not yet under final rejection.

The requirement for taking Official Notice that are outlined in MPEP § 2144.03 were not met. MPEP § 2144.03 states: "In limited circumstances, it is appropriate for an examiner to take official notice of facts not in the record or to rely on 'common knowledge' in making a rejection, however such rejections should be judiciously applied." Subparagraph paragraph A adds the following: "Official notice without documentary evidence to support an examiner's conclusion is permissible only in some circumstances. While "official notice" may be relied on, these circumstances should be rare when an application is under final rejection or action under 37 CFR 1.113." (Emphasis added by Appellant.)

The rejection was made in the February 6, 2007, Office action. At this time the case was not under final rejection. Therefore, the Examiner had a duty to find a reference to support his rejection.

Regardless of the Examiner's mistake, Applicant believes, as stated, that the facts being asserted are insufficient.

Because the Examiner has failed to make a *prima facie* case of obviousness under 35 USC § 103(a) and not other grounds for rejection exist, claim 43 should be allowed.

PRAYER FOR RELIEF:

Applicant respectfully requests that claims 24 through 43 be allowed.

Should the Board be unpursuaded by Appellant regarding claim 43, the Board is requested to remand the case to the Examiner where the Examiner should conduct a further search for a reference to support the facts that were recognized improperly by Official Notice.

Sincerely,

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CLAIMS APPENDIX:

Claims 1 -23 (Cancelled).

Claim 24 (Previously presented). A computer system for in-service monitoring of a user screening medical cases comprising:

a case stack of undiagnosed real cases to be reviewed by the user;

a library of known cases;

a user interface component for requesting a consecutive case, for display of the consecutive case, and for entering a diagnosis of the consecutive case;

a program component for receiving a request for the consecutive case from the user interface, the program component selecting the consecutive case from the case stack of real cases or the library of known of cases for the display and the diagnosis; and

a feedback component for outputting a message to the user if the user diagnosis of a selected known case is incorrect.

Claim 25 (Previously presented). A computer system as set forth in claim 24 further comprising a pseudo-random component for generation of a pseudo-random number, the program component being coupled to the pseudo-random component for determining the selection of the consecutive case from the case stack of real cases or the library of known cases based on the output of the pseudo-random component.

Claim 26 (Previously presented). A computer system as set forth in claim 24 further comprising a session preparation component for initializing the case stack and for specifying an

absolute number or a percentage of known cases to be selected by the program component during the screening of the case stack by the user.

Claim 27 (Previously presented). A computer system as set forth in claim 26 wherein the session preparation component enables specifying a category for the known cases.

Claim 28 (Previously presented). A computer system as set forth in claim 24 further comprising a user action component for tracing of user input actions and of the feedback component.

Claim 29 (Previously presented). A computer system as set forth in claim 28 further comprising a user action report generation component being coupled to the user action component for generating a user action report for the purposes of quality monitoring and assurance.

Claim 30 (Previously presented). A computer system as set forth in claim 24 further comprising a mode selection component for selecting a random mode or a fixed mode for the operation of the program component.

Claim 31 (Previously presented). A method for in-service monitoring of a user screening medical cases comprising:

providing a case stack of undiagnosed real cases to be reviewed by the user;

providing a library of known cases;

requesting the display of a consecutive case;

selecting the consecutive case from the case stack of real cases or the library of know cases for display;

entering a diagnosis of the displayed consecutive case; and

providing a feedback to the user if the diagnosis of a selected known case is incorrect.

Claim 32 (Previously presented). A method as set forth in claim 31 further comprising selecting the consecutive case to be displayed based on a pseudo-random number.

Claim 33 (Previously presented). A method as set forth in claim 31 further comprising selecting the consecutive case to be displayed based on a predefined fixed sequence.

Claim 34 (Previously presented). A method as set forth in claim 31 further comprising preparing a screening session by specifying an absolute number or percentage of the known cases to be selected for display during the screening of the case stack.

Claim 35 (Previously presented). A method as set forth in claim 34 further comprising specifying a category of the known case to be displayed during the session preparation.

Claim 36 (Previously presented). A method as set forth in claim 31 further comprising tracing of the user input operations and of the diagnosis entered by the user.

Claim 37 (Previously presented). A method as set forth in claim 36 further comprising generating a report for the purposes of training or quality control and assurance based on a user action database.

Claim 38 (Previously presented). A method as set forth in claim 31 further comprising selecting a random or a fixed mode for the selection of the consecutive case for display.

Claim 39 (Previously presented). A computer program product stored on a computer usable medium, the computer program comprising program components for carrying out the following steps, when the program is run on the computer:

providing a case stack of undiagnosed real cases to be reviewed by a user;

providing a library of know cases;

requesting the display of a consecutive case;

selecting the consecutive case from the case stack of real cases or the library of know cases;

entering a diagnosis of the displayed consecutive case; and

providing a feedback to the user if the diagnosis of a selected known case is incorrect.

Claim 40 (Previously presented). A computer system for in-service monitoring of a user screening medical cases, comprising:

a case stack of undiagnosed real cases to be reviewed by the user;

a library of known cases having verified diagnoses;

a user interface component for requesting a consecutive case, for displaying the consecutive case, and for entering a diagnosis of the consecutive case;

a program component for receiving a request for the consecutive case from the user interface to be displayed and diagnosed, the program component selecting the consecutive case from the case stack of real cases or the library of known cases; and

a feedback component for outputting a message to the user when a threshold of the known cases have been misdiagnosed per a given number of the real cases preceding the misdiagnosis.

Claim 41 (Previously presented). The computer system according to claim 40, wherein said threshold is one.

Claim 42 (Previously presented). The computer system according to claim 40, wherein said given number is a total number of the real cases.

Claim 43 (Previously presented). The computer system according to claim 40, further comprising a timer, said timer preventing the user from making further diagnoses for a given amount of time after the threshold has been reached.

EVIDENCE APPENDIX:

None.

RELATED PROCEEDINGS APPENDIX:

None.